

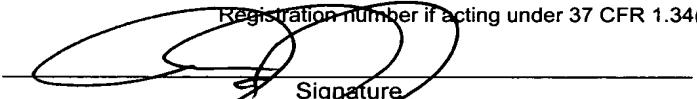


1764
JW

PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) M4350.0035/P035
Application Number	09/902,899-Conf. #9648	Filed July 11, 2001
For DIFFERENTIAL PRESSURE-DRIVEN BOROHYDRIDE BASED GENERATOR		
Art Unit 1764	Examiner B. A. Ridley	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,115</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a) _____  <u>James W. Brady, Jr. -- Reg. No. 32,115</u> <u>Gabriela I. Coman -- Reg. No. 50,515</u> Typed or printed name _____		
Date <u>December 3, 2004</u> Telephone Number <u>(202) 775-4786</u>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

12/06/2004 MGEBREM1 00000037 09902899

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

		Complete if Known	
Application Number	09/902,899-Conf. #9648		
Filing Date	July 11, 2001		
First Named Inventor	Steven C. Amendola		
Examiner Name	B. A. Ridley		
Art Unit	1764		
Attorney Docket No.	M4350.0035/P035		

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	2. EXTRA CLAIM FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None		<u>Fee Description</u>	<u>Fee (\$)</u>
Deposit Account Number	04-1073		Each claim over 20	18 9
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP		Each independent claim over 3	88 44
The Director is authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments				
For Reissues, each claim over 20 and more than in the original patent				
For Reissues, each independent claim more than in the original patent				
<input type="checkbox"/> Other (please identify): _____		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
		- 20 or HP =	x	=
		HP= highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
		- 3 or HP =	x	=
		HP= highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims				
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
Subtotal (2) \$ 0.00				

FEE CALCULATION			
1. BASIC FILING FEE			
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
Subtotal (1) \$ 0.00			
3. OTHER FEES			
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>
1-month extension of time	110	55	110.00
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. Fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			
Subtotal (3) \$ 110.00			

SUBMITTED BY				
Signature			Registration No. (Attorney/Agent)	32,115 50,515
Name (Print/Type)	James W. Brady, Jr. Gabriela I. Coman		Date	December 3, 2004